

Oversize/Overweight Load Permit Application

No. _____

Permit Type/Fees

<input type="checkbox"/> Single Trip (\$35) <input type="checkbox"/> Round Trip (\$70) <input type="checkbox"/> Annual Oversize (\$50) <input type="checkbox"/> Multi Trip (\$200)	<input type="checkbox"/> Annual Oversize/Overweight (\$400) <input type="checkbox"/> Alternative Energy Multi-trip (\$600) <input type="checkbox"/> Route Approval (no charge) Annual or All Systems Permit No. _____	<input type="checkbox"/> Home Move Weight Increase ¹ \$ Increase Tons: _____ Miles: _____ <small>¹Fee: \$35 + \$.05 x A x B A=Weight over registered weight (TN) B=distance to be traveled under permit (miles)</small>
---	--	---

Section A – Issued to:

Legal Name – Vehicle Owner or Lessee:		Requested Start Date:	
Address:		Phone Number:	U.S. DOT Number:
City:	State	ZIP Code	FAX Number:
Email Address:		Carrier Type: <input type="checkbox"/> For Hire <input type="checkbox"/> Private	Iowa Intrastate Authority Number:
Permit Delivery: <input type="checkbox"/> FAX <input type="checkbox"/> Email <input type="checkbox"/> Mail		Contact Name for questions / Area Code – Telephone No.	

Section B – Load (not required for Annual Oversize or Multi Trip Permit)

Describe Article(s) Transported:	Model Number
	Serial Number
SME Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section C – Power Unit & Trailer Information

Power Unit – Both Plate/State and VIN must be identified					
Plate:	State:	Vehicle Identification Number (VIN):	Registered Weight:	Year:	Make:
Trailer – Plate/State must be identified (not required for Annual Oversize, Multi Trip, or Annual Oversize/Overweight Permit)					
Plate:	State:	Make:	Other (provide details):		

Section D – Dimensions Weight

	Overall	Trailer	Load	Front Projection	Rear Projection
Length					
Width					
Height					
Gross Weight					

Section E – Axle Weights/Spacing (Required for cranes and when gross weight is greater than 80,000 lbs.)

Axle Number	1 (front)	2	3	4	5	6	7
Gross Axle Weight (lbs)							
Axle Spacing							
Axle Number	8	9	10	11	12	13	14
Gross Axle Weight (lbs)							
Axle Spacing							

Section F – Trip (not required for Annual Oversize or Annual Oversize/Overweight Permit meeting Iowa code requirements)

Coming From:	Going to:
Route:	

Special Requirements (office use):

Valid Dates: _____

Acceptance of Conditions: I certify that the statements contained in the application are true and correct and I will comply with the General Provisions dated 07-2013.

X _____
(Customer or Authorized Agent) Date

Approval by Jurisdiction: Approved as modified and noted.

X _____
Winnebago County Engineer's Office Date